U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 6208	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name Lori A Werner	Name UFCW Int'l Union
	Labor Organization File Number 000-056
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1775 K Street, NW	Street 1775 K Street, NW
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006
. Position in labor organization. Director, UFCW Benefits Of	ffice
S. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with nonetary value from an employer whose employees your organ	nization represents or is actively seeking to represent.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Control of the Contro
Street	7.b. Amount
	· · · · · · · · · · · · · · · · · · ·
City	
State ZIP Code + 4	
Section 2 Commence of the Comm	Signature
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accordance).	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Lori Werner	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Comerica Bank	9. Business deals with:
P.O. Box, Bldg., Room No., if any	a. Labor Organization X b. Trust
Street 411 W. Lafayette	c. Employer
State Michigan ZIP Code + 4 48226	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFCW Pension Plan for Employees Trade Name, if any: P.O. Box, Bldg., Room No., if any	Provides Bank Services.
O. (1775 V.Stroot N.W.	THE STATE OF THE S
Street 1775 K Street, N.W.	11.b. Approximate dollar value of such dealing. \$116,947
City Washington	12.a. Nature of interest held or income received.
State District of Columbia ZIP Code + 4 20006	Business Lunch approximately \$30 to \$40. Charity Golf Tourn. fees, meals and gift approximately \$350.
	12.b. Amount. \$390
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Business Lunch. Approximately \$50.00
Name Amalgamated Insurance Company	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 61594	
Street	
City King of Prussia	
State Pennsylvania ZIP Code + 4 19406	1
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$50

Name of Person F	iling Lori	Werner		 	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name TrustBenefits Online	a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 345	b. Trust
Street 5980 Horton Street	c. Employer
City Emeryville	
State California ZIP Code + 4 94608	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFCW Pension Plan for Employees	Provides Website Services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1775 K Street, N.W.	
City Washington	
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing. \$57,557
	12.a. Nature of interest held or income received.
	Two business lunches approximately \$50.00 each.
	Holiday Fruit Basket: approximately \$50.00
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	2277 1974 A MARINE MADE 1877 1974 1984 1984 1984 1984 1984 1984 1984 198
	12.b. Amount. \$148

Name of Person Filing Lori	Werner	File Number U-
Table of Cooling Lori	werner	The Number of

8. Name and address of Business (including trade name, if any). Name Union Labor Life Insurance Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Mail Stop 402 Street 8403 Colesville Road City Silver Spring State Maryland ZIP Code + 4 20910	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFCW Sponsored Health Ins. Plans Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1775 K Street, N.W. City Washington	Third Party Administrator.
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing. \$1,751,590
	12.a. Nature of interest held or income received.
	Approximately five business lunches of approximately \$35 to \$50 each
	12.b. Amount. \$231

Name of Person Filing Lori	Werner	· "-	 	File Number U-	

8. Name and address of Business (including trade name, if any). Name State Street Global Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any 33rd Floor Street One Lincoln Street	9. Business deals with: a. Labor Organization b. Trust c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02111-2900		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Pension Plan for Employees	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		200 A 100 A
Street 1775 K Street, N.W.	· ·	
City Wshington		W2 1 17 E 1 1 Zuma 1 1 A Anna A 1 A ANN A WARRAW WAY W2 W (17 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$24,089
	12.a. Nature of interest held or income received.	CONTRACTOR
	Business Lunch.	2 A P 10 10 10 10 10 10 10 10 10 10 10 10 10
	12.b. Amount.	\$44

Name of Person Filing Lori	Werner		File Number U-		

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	a. cool organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The state of the s
Trade Name, if any:	distributions.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
Annual Company of the	12.a. Nature of interest held or income received.
	12.b. Amount.

Trade Name, if any:	The state of the s	The state of the s	
P.O. Box, Bldg., Room No., if any			
Street 1775 K Street, N.W.			
City Washington			
State District of Columbia	ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$(
		12.a. Nature of interest held or income received.	
		Business Lunch. Approximately \$35	
		12.b. Amount.	\$35
		12.b. Antiodift.	\$35

Name of Person Filing Lori Wer	rner	File Number U-
Manie cir ciscin ming LOIT Wel	inei	The Maries o

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Slevin & Hart Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Massachusetts Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20036 10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW Sponsored Benefit Plans	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Plan Counsel	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1775 K Street, N.W. City Washington		
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$367,628
	12.a. Nature of interest held or income received. Business Lunch. Approximately \$50	
	12.b. Amount.	\$50

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Name of Person Filing Lori	Werner	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Fidelity Investments Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 201 S. Main Street City Salt Lake City State Utah ZIP Code + 4 84111	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Savings and Retirement Plans	Third Party Administrator of 401(k) services.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1775 K Street, N.W.		
City Washington	The state of the s	BEAUTE STATE OF THE STATE OF TH
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$11,961
	12.a. Nature of interest held or income received.	
	Business Dinner. Approximately \$7	0.00
	AAAA Wanga	
		. *************************************
		1
	The Company of the Salata and the Company of the Co	88 (6 TH S
	12.b. Amount.	\$70

Name of Person Filing Lori	Werner	File Number U-	

the second of th		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Vision Service Plan	a. Labor Organization	
Trade Name, if any:	Enance A	!
P.O. Box, Bldg., Room No., if any Suite 900	b. Trust	
Street 10440 Little Patuxent Parkway	c. Employer	
City Columbia		
State Maryland ZIP Code + 4 21044		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Sponsored Health Ins. Plans	Vision Services Benefit Provider.	
Trade Name, if any:	The second of th	
P.O. Box, Bldg., Room No., if any	Vennan and the second of the s	
Street 1775 K Street, N.W.	· ·	:
City Washington	\$	
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$305,343
	12.a. Nature of interest held or income received.	
	Business Lunch. Appoximately \$50.	*
	A	-
		Anniko e e

	12.b. Amount.	\$50

Name of Person Filing Lori Werner	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Lori Werner		File Number U-
Part C Contin	nuation Page	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any lat	por relations consultant to an employer any
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Business Lunch.	Approximately \$40
Name Abel Noser		improsition of the
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any 6th Floor		
Street One Battery Plaza		
City New York		
State New York ZIP Code + 4 10004-1405	**************************************	lannan en este man mengst mannan noon sternan noort sternan noort sternan noort sternan noort sternan noort st
3.7	14.b. Amount of payment.	y and in the control of the control
13.b. Is the Business an Employer or Consultant?		\$4
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any lal	Commence Commence Commence
C. Received from any employer (other than an employer covered under parts A	14.a. Nature of payment,	bor relations consultant to an employer any
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment,	Commence Commence Commence
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,	bor relations consultant to an employer any
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Medical Insurance Consulting Group	14.a. Nature of payment,	bor relations consultant to an employer any
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Medical Insurance Consulting Group Trade Name, if any:	14.a. Nature of payment,	bor relations consultant to an employer any
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Medical Insurance Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment,	bor relations consultant to an employer any
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Medical Insurance Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4949 N. Western Avenue	14.a. Nature of payment,	bor relations consultant to an employer any
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Medical Insurance Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4949 N. Western Avenue City Chicago	14.a. Nature of payment,	bor relations consultant to an employer any Approximately \$50.00
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Medical Insurance Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4949 N. Western Avenue City Chicago State Illinois ZIP Code + 4 60625	14.a. Nature of payment. Business Lunch.	bor relations consultant to an employer any Approximately \$50.00

 a. Name and address of Employer or Labor Relations Consultant (includin trade name, if any). 	g 14.a. Nature of payment.
Name (
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	enter the second of the second